

Case Number:	CM14-0062994		
Date Assigned:	07/11/2014	Date of Injury:	03/15/1995
Decision Date:	09/24/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female who reported an injury on 04/03/1995. The mechanism of injury is not indicated in the clinical notes. Her diagnoses included cervicobrachial syndrome, myofascial pain, cervical post laminectomy, and chronic pain syndrome. Her past treatments included pain medication, conservative medical intervention, and surgery. The diagnostic exams included an electrocardiogram and urine drug screens. Her surgical history includes a spinal cord stimulator implantation in 2008 and a cervical laminectomy with unspecified dates. The injured worker complained of neck and bilateral upper extremity discomfort rating pain at of 8/10 with constant tingling and numbness. She also complained of depression, insomnia, and the ineffectiveness of the medication to allow her to perform activities of daily living. The physical exam findings on 04/23/2014 indicated pain to the neck and bilateral upper extremity pain. Her medications included Skelaxin, Trazadone, Celebrex, Dilaudid, Xanax, Cymbalta, and Methadone 10mg with a max of 12tabs per day. The treatment plan specified Methadone 10mg #170 and the continuation of medications with the recommendation of reducing and weaning Methadone and Dilaudid. Also she was to proceed with the revision of her spinal cord stimulator which began to malfunction at the cervical site of implantation. The rationale for request was not indicated. The Request for Authorization form was not provided in the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Methadone 10mg #170 dispensed 4/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE; OPIOIDS, CRITERIA FOR USE Page(s): 61-62; 76-78.

Decision rationale: The MTUS Chronic Pain Guidelines state that for ongoing management of opioid use the 4 A's for ongoing monitoring must be used to evaluate the safety and effectiveness of opioid use. The amount of pain relief, side effects, physical/psychosocial functioning and the occurrence of aberrant drug related behaviors must be objectively documented to assess the effectiveness of opioids. Additionally, the guidelines specify that Methadone is only recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. According to clinical notes the patient continues to be in moderate pain with a rating 8/10 on 04/23/2014. She continued to have difficulty performing activities of daily living despite the ongoing use of Methadone, Dilaudid and other medications. She was noted to be compliant with consistent results on her urine drug screens and no aberrant behavior. The clinical documentation lacks evidence of objective assessments regarding pain relief, functionality and the actual reduction of the opioids. There was also no indication that previous trials of non-opioid medications and first-line opioids had been tried and failed prior to Methadone use. The clinical note on 04/23/2014 does indicate the discussion of weaning the patient off of Methadone and Dilaudid but there was no change noted in the dosage prescribed that day. As such, due to lack of the required documentation for ongoing use, and sufficient evidence of the failure of first line agents, the request is not supported. Additionally, the request as submitted did not specify a frequency of use for Methadone 10mg #170. As such, the request is not medically necessary and appropriate.